

Severe Acute Respiratory Syndrome (SARS)*revised 4/30/2003

The local public health department MUST be notified of this case prior to submission of cases.
The local public health department may be able to assist with specimen transport.

Specimens will be accepted from cases who meet CDC criteria for suspect or probable SARS. The case definition for SARS is updated frequently and can be found at the CDC website at <http://www.cdc.gov/ncidod/sars/casedefinition.htm>. Please contact your local public health department if there is any question of whether a patient meets the case definition or not.

Instructions for Sending Specimens

- ☐ Each specimen should be labeled with **date of collection**, **specimen type**, and **patient name**.
- ☐ Specimens should be on **cold pack**
- ☐ Send to local public health laboratory or send specimens to:

Specimen Receiving / SARS
850 Marina Bay Parkway
Richmond, CA 94804

- ☐ **Please do not send specimens on a Friday.** Refrigerate specimens over the weekend & send on Monday. Specimens should be sent using an overnight courier if possible.

Specimens Requested ASAP

1. ACUTE

Required

- ☐ 2 NP swabs in Viral Transport Medium (VTM)
- ☐ Acute Serum - ≥ 3 cc serum collected ≤ 7 days after onset

Recommended/if available:

- ☐ ET aspirate (if intubated), BAL or pleural tap
- ☐ Stool sample OR rectal swab (VTM)

2. CONVALESCENT SPECIMENS > 21 DAYS AFTER ONSET OF FEVER:

Required

- ☐ Convalescent serum - ≥ 3 cc

Recommended:

- ☐ 1 N-P swab in Viral Transport Medium (VTM)

IMPORTANT: please complete the form below and submit with specimens

Patient's last name, first name			Patient's mailing address (including Zip code)		Route to: [] SERO [] ISOL [] FA [] _____ [] _____ [] _____
Age or DOB:	Sex (circle): M F	Onset Date:			
Disease suspected or test requested: Severe Acute Respiratory Syndrome (SARS)			This section for Virus Laboratory use only. Date received by VRDL and State Accession Number		
1 st	Specimen type and/or specimen source	Date Collected	1 st		
2 nd	Specimen type and/or specimen source	Date Collected	2 nd		
3 rd	Specimen type and/or specimen source	Date Collected	3 rd		
4 th	Specimen type and/or specimen source	Date Collected	4 th		
5 th	Specimen type and/or specimen source	Date Collected	5 th		

Questions? Call David Cottam at (510) 307-8585

Viral and Rickettsial Disease Laboratory
California Department of Health Services